

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes		FEC IDENTIFICATION NUMBER ▼ C C00508440	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 25 / 2016</div>	

Full Name of Payee Human Rights Campaign [MEMO ITEM]		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 500.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D637394
Purpose of Expenditure Phones - staff time	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Name of Federal Candidate Masto, Catherine Cortez, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

Full Name of Payee Human Rights Campaign [MEMO ITEM]		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Mailing Address 1640 Rhode Island Ave NW		Amount 514.40	
City Washington	State DC	Zip Code 20036	Transaction ID : D637395
Purpose of Expenditure Phones - staff time	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016	
Name of Federal Candidate Hassan, Margaret, Wood, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rinefierd, James, , Mr.,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2016

Signature